

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-19097	OH-2 OH-3	Lebanon Police	0 8 3 0 3 0 0	ODHS USE ONLY - 00 NOT MARK ABOVE							
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY <b>LEBANON</b>		DATE OF CRASH: 11 16 14	DAY THU	TIME: MILITARY 1308					
CRASH OCCURRED ON <b>Lebanon High School</b>				WITHIN THE INTERSECTION OF <b>LHS Parking Lot</b>							
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.) _____ MILES <u>1000</u> FEET W N E S OF <b>Drake RD.</b>						CITY CODE 8321					
LOG-1	LOG-2	LOC	JUR	FH9	FLT						
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT All state			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Ellison Kala Marie</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1284 Willow Forge Ct. Lebanon OH 45036</b>							
PHONE NO. 513-502-0541	BIRTH DATE m 2   13   197	AGE 17	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. UB 870288	OCCUPATION Student				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Ellison Joanna M</b>				ADDRESS <b>SAME</b>				PHONE <b>SAME</b>			
VEH YR 2003	MAKE Chevy	MODEL 4S	COLOR MRN	STYLE 4S	STATE OH	LICENSE PLATE NO. DWSTED	TOWING SERVICE NA	VEH/PED DIR FROM E TOW			
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT Liberty Mutual			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) <b>Davis Cassandra Amber</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>551 N. Waynesville RD. Lebanon OH 45036</b>							
PHONE NO. 513-549-9449	BIRTH DATE 12m   09   197	AGE 16	SEX F	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. JE 911365	OCCUPATION Student				
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>Davis Matthew</b>				ADDRESS <b>SAME</b>				PHONE <b>SAME</b>			
VEH YR 1990	MAKE Nissan	MODEL Truck	COLOR wht	STYLE TRK	STATE OH	LICENSE PLATE NO. GLJ2197	TOWING SERVICE NA	VEH/PED DIR FROM E TOW			
CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE m   D   Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS	PHONE	SEX	1 1 1 1 1 1			S S 1 1 1 1			
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE m   D   Y	AGE	7			1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED			
		ADDRESS	PHONE	SEX	7			CONDITION A B C D E F 1 1 1 1 1 1			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE m   D   Y	AGE	P-PEDESTRIAN			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN			
		ADDRESS	PHONE	SEX	RESTRAINTS			ALCOHOL A B C D E F 1 1 1 1 1 1			
A	B	C	INJURED TAKEN TO By		4 4 1 1 1 1			1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			
D	E	F	INJURED TAKEN TO By		1 1 1 1 1 1			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
A	B	C	OFFENSE CHARGED AND DESCRIPTION		EJECTION A B C D E F 1 1 1 1 1 1			DRUGS A B C D E F 1 1 1 1 1 1			
A	B	C	OFFENSE CHARGED AND DESCRIPTION		1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
RECEIVED CALL 1308	DISPATCHED 1325	ARRIVED 1332	CLEARED 1352	OTHER TIME 20	TOTAL MINUTES 00:00:04	DATE REPORT FILED M 11 10 8 14		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Nate Trout	BADGE NO. 129	CHECKED BY

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

LOCAL FILE NO.